

SCC eFile	2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	214504033				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: ASPEN AMERICAN INSURANCE COMPANY</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: C T CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: TX</p> </div> <div style="width: 35%;"> <p>DUE DATE: 2/28/2014</p> <p>SCC ID NO: F1131202</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>2,500,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	2,500,000
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COMMON	2,500,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 175 CAPITAL BLVD SUITE 300</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ROCKY HILL, CT 06067</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: Jonathan Mark Jones TITLE: CHIEF FINANCIAL ADDRESS: 175 CAPITAL BLVD. CITY/ST/ZIP/CO: ROCKY HILL, CT 06067 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: Jonathan Mark Jones TITLE: CHIEF FINANCIAL ADDRESS: 175 CAPITAL BLVD. CITY/ST/ZIP/CO: ROCKY HILL, CT 06067	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Bruce Eisler DIRECTOR 590 MADISON AVE. NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Timothy Kenefick DIRECTOR 590 MADISON AVE. NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Robert Rheel DIRECTOR 590 MADISON AVE. NEW YORK, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Mario Vitale PRESIDENT 590 MADISON AVE NEW YORK, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Peter C. Felix TREASURER 175 Capital Boulevard Rocky Hill, CT 06067	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Kim Sliva SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Kim Sliva, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	1/16/2014 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			